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Progress report on follow-up to the World Summit for Children

Summary

This is the eighth annual progress report on implementation of the Declaration and Plan of Action of the World Summit for Children. It provides a global overview of progress by the international community towards the World Summit goals.

The report also contains information on actions taken to prepare for the end-decade review in 2001, and calls for concerted efforts to accelerate progress towards the World Summit goals in the remaining two years of the century.

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Contents

		Paragraphs	Page
I.	Introduction	1–2	3
II.	Overview of progress towards the World Summit for Children goals	3–47	3
	A. The global context	3–18	3
	B. Progress towards the major goals	19–47	5
III.	Keeping the promises to children	48–57	10
IV.	Draft recommendation	58	11

List of figures

I.	Under-five mortality rate by region	12
II.	New primary school enrolment ratio by region	13
III.	Safe water and adequate sanitation coverage by region (1995–1997)	14

I. Introduction

1. This is the eighth annual report on progress in follow-up to the World Summit for Children. It has been prepared in accordance with paragraph 35 (v) of the World Summit Plan of Action, which requests the governing bodies of the relevant specialized agencies and the United Nations organs to include a periodic review of implementation of the Declaration and Plan of Action at their regular sessions.

2. The report provides a global overview of progress made by the international community towards the major World Summit goals. Specific UNICEF actions contributing to this progress, especially those taken at the country level, and the results achieved, are described in the Executive Director's annual report to the present Board session (E/ICEF/1999/4 (Part II)).

II. Overview of progress towards the World Summit for Children goals

A. The global context

3. In 1998, the Secretary-General's report on "Progress on the Implementation of the World Declaration and Plan of Action from the World Summit for Children" (A/53/186), submitted to the fifty-third session of the General Assembly in response to its resolution 51/186 of 16 December 1996, highlighted the value of the World Summit agenda in promoting children's rights and improving their living conditions. The report provided an overview of progress towards the end-decade goals within the context of the Convention on the Rights of the Child; assessed the remaining major challenges to keeping the World Summit promises; stressed the relationship between the World Summit and the United Nations coordinated follow-up to the major summits and conferences of the 1990s; and provided information on the preparation process for the end-decade review. The Secretary-General's report recalled the importance of renewing and re-energizing the commitment to children by Governments, civil society, the private sector and the United Nations system itself. The report also stressed that when political commitment was strong, resources were made available, communities were mobilized, and sound policies and programmes were implemented, there could be notable progress for children, even within such a relatively short period as two to three years.

4. As the Secretary-General's report indicates and available data suggest, in spite of the general progress made towards the end-decade goals of the World Summit, achieving the year 2000 goals will be difficult, and a major acceleration in the pace of progress is required. The situation can be changed significantly through efforts at the country level, but the clear commitment and backing of the international community is also needed.

5. In 1998, the economic crisis in East Asia proved more contagious than expected, and most developing countries saw their export prices tumble. The crisis ended the hesitant recovery in many sub-Saharan African countries and markedly reduced the level of economic activity in North Africa and the Middle East as well as in Latin America and the Caribbean. According to the latest United Nations estimates, economic growth in developing countries slowed to 1.6 per cent in 1998, down from 5.5 per cent in 1997. The number of least developed countries that achieved per capita growth of 3 per cent or more fell to a mere 4 in 1998, compared with 12 in the previous three years.

6. These macroeconomic shocks led to an increase in poverty and disparity, and left millions of people without access to basic social services or with access to services of inadequate quality. Social statistics are not yet available to give a comprehensive picture, but preliminary indicators confirm the severity of the impact. In Indonesia, for instance, the latest government estimates show that 80 million people lived in poverty in 1998, compared with 22.5 million in 1996. Since the deepening of the financial crisis, some 400,000 children are estimated to have dropped out of primary school in Thailand. The crisis also affected the gender/age responsibilities within households, leading to an increase in child labour and prostitution in many countries.

7. The 30 country studies that were conducted as part of the 20/20 Initiative showed that both developing and donor countries continue to under-invest in basic social services. On average, developing countries allocated between 12 and 14 per cent of their national budgets to basic social services; donor agencies allocated a similar share of official development assistance (ODA) to these services. The recovery in social spending begun since 1990 is likely to have come to a standstill in many countries.

8. The debt burden remains a millstone for many low-income countries. The year 1998 witnessed stronger calls for a more radical initiative to solve the debt problem of the world's poorest countries, including the Jubilee 2000 campaign (established by non-governmental organizations (NGOs) and calls for debt forgiveness by the year 2000). Of the countries surveyed in the 20/20 studies, about two thirds spent more on debt servicing than on basic social services. Malawi, for instance, which spends about 40 per cent of its

fiscal revenue on debt servicing, has a per capita income level of less than $200 per year and an average life expectancy that has fallen by an estimated 10 years because of the ravages of the HIV/AIDS pandemic. Yet, under the parameters set by the Heavily Indebted Poor Countries initiative, its debt situation is considered as sustainable.

9. At the interregional meeting on the 20/20 Initiative, held in Hanoi in October 1998, both developing and developed countries renewed their commitment to increase allocations to basic social services and to enhance the equity and efficiency in their use. The meeting enhanced the quality of analysis by introducing the first comparative statistics on the level, distribution and efficiency of public and donor spending on basic social services for about 30 countries. This was a first step towards bringing special attention to the 20/20 Initiative at the United Nations special session, to be held in Geneva in 2000, to review progress since the World Summit for Social Development.

10. ODA fell to an historic low of 0.22 per cent of the combined gross national product (GNP) of developed countries in 1997. Moreover, much of ODA continues to go to middle-income countries. The secretariat of the Organisation for Economic Cooperation and Development/ Development Assistance Committee (OECD/DAC) indicated that the cuts in ODA have hit hardest in countries with high child mortality and birth rates, and inadequate access to primary education and safe drinking water. Thus, the decline in ODA has been accompanied by a lesser focus on the poorest countries and the children in greatest need. This is inconsistent with the DAC goals of halving poverty, reducing under-five mortality by two thirds and ensuring universal access to primary education by 2015. The fall came mostly from the large donor countries, while the non-G-7 donors managed to maintain their levels of assistance. Denmark, the Netherlands, Norway and Sweden continued to exceed the United Nations target of ODA/GNP of 0.7 per cent.

11. Children were also affected by the growing number of emergencies and conflicts. In the space of just four years, the number of emergency and conflict countries increased from 15 to over 55. It is characteristic of today's conflicts that children and women are increasingly targeted and brutalized, and the impact of these emergencies on the enjoyment of children's rights and on their living conditions is dramatic. Furthermore, over 300,000 children have been recruited as combatants in the 30 most recent conflicts, many of them abducted.

12. By the end of 1998, over 6 million children in Eastern and Southern Africa had lost their mothers to AIDS; by 2001, these children will number more than 10 million. Health services are over-run, with the number of health workers declining due to AIDS deaths. Basic education is endangered because of the increasing numbers of teachers dying of AIDS. In Zambia, for example, teachers are dying of AIDS at the rate of over four a day, considerably in excess of the Government's capacity to replace them. Unless extraordinary efforts are made, the progress in basic social services achieved in the past decades will be wiped out by the HIV/AIDS pandemic.

13. It was against this grim background that 1998 saw the fiftieth anniversary of the Universal Declaration on Human Rights. The anniversary was marked by several events that confirmed an increasing international recognition of human rights, including the establishment of the International Criminal Court, the adoption of the Ottawa Convention on the Prohibition of the Use, Stockpiling, Production and Transfer of Anti-Personnel Mines and on Their Destruction and the United Nations Declaration on the Right and Responsibility of Individuals, Groups and Organs of Society to Promote and Protect Universally-recognized Human Rights and Fundamental Freedoms. The year 1998 also saw the continuing, steady implementation of the Convention on the Rights of the Child, as illustrated by the submission to the Committee on the Rights of the Child of 29 national implementation reports, 13 of which were periodic reports assessing progress made over the last five years. These reports provide information on the measures adopted towards the realization of children's rights, including achievement of the World Summit goals and development of national and subnational plans of action.

14. The World Summit goals provide a powerful tool for mobilizing commitment and resources around children as well as for measuring progress towards the realization of their rights. Moreover, implementation of the World Summit Plan of Action has been increasingly enriched by the Convention on the Rights of the Child. In the holistic context of the Convention, it is essential to assess the situation of all groups of children, identify those left unreached and provide priority attention to those who require special protection measures. In order to accomplish this, it is necessary to disaggregate data to identify and reduce prevailing geographic, ethnic, economic, social and gender disparities and, guided by the best interests of the child, to promote a multidisciplinary and cross-sectoral perspective in the adoption of policies, programmes and actions to improve the situation of children.

15. In the Latin American and Caribbean region and in East Asia and the Pacific, Governments reviewed progress towards the World Summit goals, and shared experiences

and lessons learned. Despite the economic setbacks in these regions, renewed commitments were made to accelerate progress towards the World Summit goals. The Bangkok Declaration and the Lima Accord both set clear strategies to focus actions in the remaining two years. Similarly, the League of Arab States issued the Sana'a Declaration on accelerating progress towards the World Summit goals. UNICEF actively supported these initiatives. It is expected that regional ministerial meetings will review progress at end-decade, and precede and inform the global events that will take place in 2001.

16. Building on methodologies adopted at the mid-decade review, more countries have prioritized the use and availability of data reflecting a child rights perspective in order to reveal and address socio-economic, gender, urban-rural, ethnic and other disparities often concealed in national averages. UNICEF, together with other partners, has supported countries with data collection instruments of ever-higher technical standards and also with direct assistance in data collection and analysis.

17. In support of the national reviews, UNICEF and partner agencies have defined a set of indicators to guide the process of assessing the World Summit goals. The list includes revised indicators to monitor progress towards the health, education and welfare goals of the World Summit, and a number of new indicators to fill critical gaps relating to other areas of children's rights such as child labour, birth registration, disability, alternative family care and early child development. Some of the new indicators came out of an international meeting held in Geneva in early 1998 to develop a core set of indicators for global monitoring of child rights in the context of the Convention on the Rights of the Child.

18. Building on the experience gained in conducting the multi-indicator cluster survey (MICS) for the mid-decade, and informed by the MICS evaluation conducted in 1997, UNICEF updated the MICS field questionnaire and manual in line with the revised list of indicators. It also sought to harmonize MICS with other major survey programmes, in particular, the Demographic and Health Surveys sponsored by the United States Agency for International Development to generate comparable and complementary data. To facilitate preparations at the country level, UNICEF issued a time-frame of expected activities for reporting on progress for children and women at the end of the decade.

B. Progress towards the major goals

19. Based on short-term priorities outlined in the 1998 World Summit report (E/ICEF/1998/8), and in consultation with country and regional offices, UNICEF has identified seven areas where progress towards the World Summit goals should be accelerated: reducing young child mortality and morbidity and preventing child disability; reducing maternal morbidity and mortality; improving access to and the quality of basic education; reducing exploitation, abuse and harm of children; improving early childhood care for child growth and development; improving young people's health and development; and improving the availability and use of data in critical areas.

20. Focused efforts were given to the programme priority areas for direct UNICEF assistance — for advocacy and resource mobilization. UNICEF country offices reviewed with national partners the opportunities for accelerating actions in 1998–2000 in these selected priority areas within the scope and framework of existing programmes of cooperation and in the light of the medium-term plan (MTP) for 1998–2001 (E/ICEF/1998/13 and Corr.1). Priority areas were also reviewed at the regional level by regional management teams. This provided a clearer focus for regional technical support and monitoring work, as well as additional guidance to country offices in their discussions with counterparts on possible areas where acceleration could be achieved. Built on existing mechanisms, a six-monthly review and reporting process was put in place at country, regional and global levels to monitor progress made, identify difficulties encountered and distill lessons learned. The seven above-mentioned areas were reflected in the MTP in the section on programme priorities. Specific UNICEF actions taken and results achieved to accelerate progress towards the World Summit goals are reflected in part II of the Executive Director's annual report.

Under-five mortality

21. The World Summit goal is to reduce the 1990 under-five mortality rate (U5MR) by one third, or to 70 per 1,000 live births, whichever is lower by the year 2000. On the basis of currently available data, very little has changed at the regional level since the report to the Board last year.

22. Figure I shows an increasingly common picture, with industrialized countries showing the highest rate of reduction and the lowest level of mortality, and sub-Saharan Africa showing the lowest rate of reduction and the highest level of mortality. Of the other regions, four are approaching a similar mortality level, of around 50 per 1,000 live births and

below. While displaying mortality in the 1960s similar to sub-Saharan Africa, the remaining region — South Asia — has since managed greater reductions, although it still has a mortality level more than double most other regions.

23. The most recent mortality data reported by countries continue to show gradual reductions in most regions except in sub-Saharan Africa, where regional gains are offset by losses at the individual country level. The Niger, the country with the highest U5MR worldwide in the early 1990s, is showing signs of reduction. In other countries, however, the most recent data report a stagnation in the 1990s (Mozambique and Togo) as well as increases (Cameroon and Kenya). In the case of Kenya, the current estimate of under-five mortality is higher than the level in 1980.

24. While not the sole factor, resources have an impact on the ability of countries to reduce mortality owing to the need for basic services, such as those for primary education, especially for girls, and good quality health care. Thus, the reduction of ODA in the 1990s, which is even more marked for high under-five mortality countries, and the stagnation or reduction in GNP per capita in sub-Saharan Africa and Central and Eastern Europe, the Commonwealth of Independent States and the Baltic States over the same period, appear to have had an adverse impact. This causality deserves further consideration. A further cause for concern is the HIV/AIDS pandemic. While in 1997 the estimated proportion of deaths of children under five years of age due to HIV/AIDS was 4 per cent globally and 10 per cent in sub-Saharan Africa, the toll will rise higher in the immediate future, particularly in Africa. In such a situation, the effective focusing of interventions is critical.

25. *Areas of focus*. The prevention of measles and the elimination of neonatal tetanus are receiving specific attention. National Immunization Days (NIDs), held in over 90 countries in 1998, are proving successful in raising immunization coverage in many countries. They are also a particularly effective intervention when allied with vitamin A supplementation, since adequate vitamin A can reduce under-five mortality by one quarter. The doubling of vitamin A coverage rates in sub-Saharan Africa in the last two years highlights the feasibility of this intervention. The Roll Back Malaria alliance (launched jointly by UNICEF, the United Nations Development Programme, the World Bank and the World Health Organization (WHO) to fight against malaria in the poorest countries), also described in the Executive Director's annual report and other Board documents, has a major focus on Africa and the Mekong area, with the extensive use of bednets in controlling malaria. The Integrated Management of Childhood Illness initiative, which targets diarrhoea, malaria, measles, malnutrition and acute respiratory infections, continues to grow, extending to 58 countries worldwide in 1998 and attracting other partners, including the World Bank. Reducing mother-to-child transmission of HIV/AIDS is being pursued vigorously in Africa and includes testing, counselling and treatment; raising awareness of prevention; and community support to people living with HIV/AIDS.

Maternal mortality

26. The goal is to reduce by one half the 1990 levels of maternal mortality. WHO and UNICEF have estimated that in 1990, around 585,000 women died from pregnancy-related causes. However, it is now widely recognized that, in the short term, for countries without complete vital registration systems, the maternal mortality ratio cannot be used to monitor trends in maternal mortality reduction, and that process indicators will have to be used to measure progress. One of the process indicators that increasingly is being recommended for population-based monitoring is the proportion of births attended by skilled health personnel. A preliminary analysis of available data by WHO suggest that there has been only a very slight improvement over the last decade. For developing countries, the rates have increased from 53 per cent in 1990 to 58 per cent in 1997, which represents a change of only about one half of a percentage point per year. Process indicators on the availability and use of obstetric services published in 1997 by UNICEF, WHO and the United Nations Population Fund (UNFPA), are now beginning to be used in a number of countries, including Bangladesh, Egypt, Ghana, Malawi and Morocco.

27. The critical elements required for reducing maternal deaths were clearly identified at the Safe Motherhood Consultation, held in Colombo in October 1997, and were reported in last year's report on the World Summit. As a follow-up to the consultation, 1998 was celebrated as the Year of Safe Motherhood, which was launched on World Health Day. This event was used to generate further awareness and action around the elements identified at Colombo and was marked by a series of advocacy events in countries around the world with the participation of national ministries of health, NGOs and United Nations agencies.

28. WHO, UNFPA, UNICEF and the World Bank have recently finalized a Joint Statement on Reduction of Maternal Mortality reflecting the broad consensus that has emerged on the most effective interventions for preventing maternal deaths. It constitutes an example of the common purpose and complementarity of programmes supported by the four agencies towards reducing and preventing maternal mortality and morbidity.

29. Moreover, a joint UNICEF/WHO/UNFPA workshop was held in Mexico in early 1999 to develop minimum standards and recommended practices for assuring women-friendly health services. The meeting was a first step in a longer process to elaborate on the criteria and standards required to improve the quality of maternal health care.

30. Of further relevance is the review of progress in implementing the Programme of Action of the International Conference on Population and Development, which took place in The Hague in February 1999. This meeting highlighted the increased understanding of a human rights-based approach to reproductive health, including a shift from vertical service provision, demographic targets and quotas, to a rights-based, multisectoral approach to maternal mortality and morbidity reduction.

31. *Areas of focus*. To achieve the maternal mortality reduction goal, a combination of strategies and intersectoral approaches will be needed. Specific interventions include: (a) educating communities on safe motherhood and the rights of women; (b) improving access to essential obstetric care through support to communication and transport systems; (c) training midwives; (d) improving the nutrition of adolescent girls and women through community-based distribution schemes and antenatal care; (e) establishing "mother-friendly" health services to ensure that health facilities provide a basic minimum standard of care for mothers and their infants; and (f) improving the quality of prenatal and post-natal care.

Child malnutrition

32. The goal is to reduce by one half the 1990 levels of severe and moderate malnutrition among children under five years of age. Data on child malnutrition from the Administrative Committee on Coordination/Subcommittee on Nutrition show that there has been some improvement in reducing child malnutrition worldwide, but the rate of improvement has been slow, and, moreover, it has decreased substantially in the 1990s. Global estimates show a decline from 34 per cent in 1985 to 31 per cent in 1990 and 29 per cent in 1995. In sub-Saharan Africa, the under-weight levels have been nearly static over the last decade. The importance of low birth weight is increasingly recognized. One half of the 22 million low-birth-weight babies born in the world each year are born in South Asia, where 30 per cent of all births are low weight and 60 per cent of women of child-bearing age are themselves under weight. The Administrative Committee on Coordination/ Subcommittee on Nutrition estimates are being updated to include projections for the year 2000, but final results are not yet available. It is clear, however, that for most countries, the rate of decline is dramatically lower than what is required to achieve the goal.

33. At its most basic level, malnutrition may be simply perceived as a consequence of disease and inadequate diet, but many more elements — social, political, economic and cultural — are involved. Malnutrition is both a consequence and a cause of poverty. It is the result of a complex interplay of factors involving such diverse elements as discrimination against women, lack of access to education and to correct information, household access to food, child and maternal care, access to basic social services, safe water and sanitation. Improving the status of women and advocacy for more and better targeted spending in the social sector contribute to reducing malnutrition.

34. Exclusive breastfeeding is promoted particularly through the Baby-Friendly Hospital Initiative, which is now operational in nearly 15,000 maternity facilities in 125 countries. However, only 20 countries have so far adopted the International Code of Marketing of Breast Milk Substitutes, adopted by the World Health Assembly in 1981, into law.

35. Progress was made in addressing vitamin A deficiency, iodine deficiency and anaemia. A total 43 countries, where vitamin A deficiency is a public health problem, added vitamin A supplementation to NIDs. At the policy level, there has been a shift from considering the importance of vitamin A in terms of blindness to a central role in child survival. Remarkable progress was made in reducing the risk of iodine deficiency disorders. The proportion of the world's edible salt that is iodized increased from about 56 per cent in 1997 to about 65 per cent at the end of 1998. The lack of scientific consensus on technical and operational problems in the area of iron deficiency anaemia was overcome in 1998 at a technical meeting of experts and field practitioners. Implementation of the recommendations from that meeting is expected to accelerate efforts to reduce iron deficiency anaemia in children and pregnant women in the coming years.

36. *Areas of focus*. While work must continue to change the fundamental social conditions that impede nutrition, including the promotion of women's rights and advocacy for better public spending in the social sector, it is imperative to focus on a number of actions that can produce relatively quick results in direct and measurable nutrition improvement. Priority actions for UNICEF include: (a) continued support for breastfeeding; (b) improved complementary feeding; (c) vitamin A supplementation; (d) universal salt iodization; (e) iron and folate

supplementation; and (f) growth monitoring in communities and health facilities.

Basic education

37. The goal is to achieve universal access to basic education and completion of primary education by at least 80 per cent of primary school-age children by the end of the decade. The reduction of gender disparities is also part of the goal.

38. The proportion of primary school-age children in school continues to increase globally and for most regions, as indicated in figure II. The East Asia and Pacific region has achieved levels of net enrolment comparable to industrialized countries, and the Latin American and Caribbean region continues its slow but steady progress. The gains of the 1980s in the Middle East and North Africa region appear to be flattening in the 1990s. Both South Asia and sub-Saharan Africa had similar enrolment levels in 1980, but South Asia appears to have made more progress since then, although the number of children going to school is less certain in this region than in others. Sub-Saharan Africa, excluding South Africa, has yet to make up for the reduction in enrolment in the 1980s, and still has more than one third of its young children not attending school.

39. Determining children's progress in achieving a specific level of education is more difficult because the usual indicator, the percentage of children reaching grade 5, is based on older data than that for enrolment. As a result, net enrolment is currently considered the most appropriate measure. In addition, reaching grade 5, or completion of primary school, is primarily used as proxy for the quality of education. Yet considerable evidence exists that the correlation is weak, thus leading to the recent development of alternative measures of learning achievement.

40. Armed conflict and debt play significant roles in the education situation of sub-Saharan Africa, with armed conflicts affecting nearly one half of the countries, and three quarters of the countries heavily indebted. Large class size, poor teacher education, crumbling buildings, lack of learning materials and often the cost of education, all reduce education capacity and quality in the region.

41. Worldwide, an estimated 130 million primary school-age children are not in school, and more than 150 million teenagers have not reached a minimum level of education (grade 5). Although gender disparity has been reduced, nearly two thirds of children not in school are girls, and it still remains a significant issue in South Asia, where the difference between male and female enrolment rates is 12 percentage points; it is 9 in the Middle East and North Africa, and 6 in sub-Saharan Africa.

42. *Areas of focus*. Persisting gaps, particularly in gender, are being tackled through a variety of approaches, one of the largest being the African Girls Education Initiative, which has doubled the coverage of countries since mid-decade. Efforts at bringing children not attending school into the school system have been expanded, and coverage includes Bangladesh, Viet Nam, Yemen and countries in Africa. The promotion of more diverse and flexible schools in order to attract and better serve children is being pursued, particularly in Asia. Communities are getting more involved in the education of their children and participating in school management. Community involvement is particularly critical in the recent broadening of early childhood care programmes to help prepare children for school and schools for young children.

Water and sanitation

43. The goal is to achieve universal access to safe drinking water and to sanitary means of excreta disposal. Current estimates suggest that this is far from being achieved owing to a wide variety of factors, including: the enormity of the task, with nearly 6 billion people to be covered; the increasing difficulties in obtaining water; conflicts, which have disrupted systems and sources; more limited financial resources, including ODA, particularly in areas most in need; and the fact that sanitation has very limited impact on disease reduction unless accompanied by often complex measures to promote behavioural change based upon increased awareness and understanding of hygiene issues.

44. Difficulties in measurement are an added challenge. Differences in the definition of "access" between and even within countries, and over time, are being tackled through efforts to improve routine monitoring systems and by making extensive use of household surveys. However, the use of a more rigorous set of definitions has highlighted the inconsistencies of earlier data and, as a result, changes over time are difficult to assess. Therefore, the present document reports on the current situation and on gaps in relation to universal access rather than on changes since 1990.

45. Figure III shows that all regions have a considerable way to go before achieving universal safe water coverage. The Middle East and North Africa, South Asia, and Latin America and the Caribbean are the furthest advanced, with around 80 per cent coverage. The lowest coverage — about 50 per cent — is in sub-Saharan Africa. In sanitation, the highest coverage is in the Middle East and North Africa and Latin America and the Caribbean, where about two thirds

of the populations are covered — double the figures for South Asia and East Asia and the Pacific, which report coverage of less than one third of their populations. On average, rural coverage is lower than urban coverage for both water and sanitation, although coverage of the urban poor is also low.

46. *Areas of focus*. Particular attention is being paid to rural and poor urban populations, especially in the context of the trend towards privatization of water services, in order to prevent their further marginalization. Efforts in sanitation are placing increased emphasis on the integration of sanitation with hygiene and other interventions to maximize benefits to children. The participation of communities in improving awareness of environmental sanitation and achieving improvements through behavioural change is being pursued and needs further expansion.

Child protection

47. The goal was to improve the protection of children in especially difficult circumstances. It was not expressed in quantitative form, but progress can be assessed through qualitative indicators such as:

(a) Children requiring special protection have gained increasing visibility, including in major international conferences and initiatives such as the World Congress against Commercial Sexual Exploitation of Children, held in Stockholm in 1996; at the Amsterdam and Oslo conferences on child labour in 1997; and in national follow-up activities. State parties to the Convention on the Rights of the Child periodically inform the Committee on the Rights of the Child about measures adopted and challenges encountered in this area; several of them have addressed it in their national programmes of action and in national policies on children's rights;

(b) The Ottawa Convention on a total ban on the production, stockpiling and sale of landmines has led to growing awareness of the magnitude of the deaths and disabilities caused by landmines and has entered rapidly into force;

(c) The Graça Machel study and its follow-up have brought greater awareness of the plight of children affected by armed conflicts. The demobilization of child soldiers, psychosocial assistance and therapy, and trauma counselling, with particular attention to girls, increasingly have been supported in countries affected by war, including Chad, the Congo, the Democratic Republic of the Congo, Liberia, Sierra Leone and Sri Lanka. Service delivery to and the social reintegration of displaced children and refugees have been supported in many countries affected by war and conflict. At the same time, standard-setting activities, including the Statute of the International Criminal Court and an Optional Protocol to the Convention on the Rights of the Child to raise to 18 years the minimum age of recruitment and participation in hostilities, have enhanced international attention to these issues;

(d) Considerable progress has been made in addressing child labour, and many countries have included relevant measures in their programmes for children, with special attention to education opportunities and basic health care. The Global March Against Child Labour took place between January and June 1998 and ended in Geneva at the start of the International Labour Organization Conference to discuss a proposed Convention to eradicate the worst forms of child labour. This Conference adopted a "Declaration on Fundamental Principles and Rights at Work and its Follow-up", under which member countries are obligated to promote and achieve the effective elimination of child labour. There has been increased collaboration between UNICEF and the World Bank in child protection areas, especially in child labour;

(e) New partnerships have been developed with non-traditional partners, especially to address the issues of domestic violence, child prostitution and the trafficking of children and women. In China and Nepal, partnerships have been developed among public security systems, NGOs and families to tackle the trafficking of women and children. In West and Central Africa, a regional seminar on child trafficking was organized to enhance partnerships and cooperation. International standard setting activities have further enhanced awareness of these issues and have included a United Nations working group to develop an Optional Protocol to the Convention on the Rights of the Child against sexual exploitation of children, and work towards a protocol to prevent, suppress and punish trafficking in women and children, supplementing the United Nations Convention against Organized Crime;

(f) Further action has been taken to address the devastating impact of the HIV/AIDS pandemic. The regional HIV/AIDS programme in the Mekong Delta is a good example of enhanced collaboration to reduce the incidence and impact of HIV/AIDS on children and families. It provides and seeks opportunities for practical collaboration at all levels, between UNICEF, UNAIDS (the Joint and Co-sponsored United Nations Programme on HIV/AIDS), and a broad range of government institutions, NGOs and other civil society and community organizations. Many countries have begun to develop strategies to reduce mother-to-child transmission and to support home-based and community care for young people. Initiatives have been developed to raise

preventive awareness and promote behavioural change among persons living with HIV/AIDS. The Sanga Metta project in Thailand, supported by UNICEF, engages Buddhist and religious monks, nuns and communities in efforts to enhance understanding and support to people living with and affected by HIV/AIDS. This project is now being expanded to Cambodia, southern China, the Lao People's Democratic Republic and Mongolia.

III. Keeping the promises to children

48. The foregoing analysis shows that many countries will not fully deliver on the promises made at the World Summit for Children in 1990. Despite notable advances since the World Summit, there is considerable variation in the progress made across countries and between goals. Analysis of progress at the country level highlights significant disparities between geographic areas and population groups and reveals a need for special priority to be given to those disadvantaged children who have been excluded from the progress enjoyed by others. Progress towards the World Summit goals requires a major acceleration, based upon firm commitments to the realization of children's rights from Governments, civil society, the private sector and the international community, including the United Nations system.

49. Achievement of the global goals set by the World Summit represents a challenge to the entire international community. Despite strong evidence that investing in children, particularly in the very early years, generates significant economic and social returns, resource allocations fall far short of what is required. The latest OECD/DAC analysis confirms a serious decline in aid to the poorest countries as well as to the social development goals set in the 1996 report "OECD Shaping the 21st Century: the Contribution of Development Cooperation". Any serious attempt to accelerate progress towards the goals will require an immediate reversal in the declining trend in ODA, increasing allocations to basic social services and to the countries that are lagging behind on the goals. The DAC report refers to pre-conditions for aid effectiveness, but efforts to pursue this important priority must not be at the expense of the 12 million children under five years old who die unnecessarily every year, or of the many millions more children who are left malnourished and scarred for life.

50. No amount of external aid can bring a better future for children unless it is matched by national commitment and desire to make a difference for a country's own children, even in difficult economic and political circumstances. As mentioned above, the Secretary-General stressed in his 1998 report to the General Assembly the need for strong political commitment to ensure that resources are made available, communities are mobilized, and sound policies and programmes are implemented, and that when this need is met, "notable progress for children can be achieved, even within a relatively short period of two to three years".

51. Experience over the past nine years has led to the identification of specific actions that can be taken to accelerate progress towards the goals if resources and political commitment exist. States that have ratified the Convention on the Rights of the Child are requested to adopt all necessary measures to ensure the realization of children's rights. This implies the development of comprehensive national agendas for children's rights based on the Convention and including, *inter alia*: permanent mechanisms to promote coordination, monitoring and evaluation of activities across Government; measures to ensure that all legislation is compatible with the Convention; making children visible in policy development by introducing child impact assessments and carrying out budget analyses to determine the proportion spent on children and to ensure effective use of resources; ensuring that sufficient data are collected and used to improve the condition of all children; raising awareness and disseminating information on the Convention, including through training for all those involved in Government for children and working with or for children; and involving civil society, including children themselves, in implementing the Convention and raising awareness on children's rights.

52. The Ministerial Conferences on follow-up to the World Summit for Children, held in Lima and Bangkok in November 1998, illustrate the centrality of political commitment to the realization of children's rights. This process of regional cooperation plays a vital role in promoting the collection and analysis of relevant data, the identification of disparities, the promotion of policies and activities to address areas of concern, and the establishment of an enhanced sense of accountability for children. In addition, the regional consultations that have been held will lead to the development of regional and national agendas for children beyond 2000, thus maintaining the prominence of children's rights among national priorities.

53. But if real and lasting progress is to be made in the lives of children, the national and subnational levels are the most critical arenas for action. It is, therefore, imperative for each country to: (a) assess the current situation of children and women on a goal-to-goal basis; (b) organize reviews and policy discussions; (c) analyse the underlying factors that prevent, or may enhance, further progress in the situation of

children and women; (d) devise strategies and allocate resources to deal with these factors, while intensifying the use of available technologies and proven approaches to tackle immediate challenges to the realization of children's rights; and (e) strengthen national capacity, thereby building a sound foundation for the sustainability of all interventions.

54. Increased inter-agency cooperation will further support these efforts. The United Nations Development Assistance Framework/Common Country Assessment process has created important new opportunities in this regard, not the least of which is by stressing the importance of the substantive agendas of the United Nations conferences, including the World Summit, and conventions, such as the Convention on the Rights of the Child, to guide the process of United Nations cooperation at the country level.

55. In resolution 51/186, the United Nations General Assembly decided "to convene a special session of the General Assembly in 2001 to review the achievement of the goals of the World Summit for Children, and to consider the arrangements for the special session at its fifty-third session". As mentioned above, the Secretary-General's report to the fifty-third session of the General Assembly, made particular reference to preparations for the special session of the General Assembly in 2001. Following discussions in the Second Committee, the General Assembly "decided to postpone to its fifty-fourth session consideration of the arrangements for the special session of the General Assembly" (resolution 53/193 of 15 December 1998).

56. The six initiator countries of the World Summit (Canada, Egypt, Mali, Mexico, Pakistan and Sweden) have expressed their interest in mobilizing other Heads of State and Government in support of both the special session and an additional international public event. In the latter event, particular attention will be given to the participation of civil society, and especially of children themselves. Consultations on the content and arrangements for both events have already begun. UNICEF will continue to actively support these efforts.

57. The form and objectives of the special session will be decided at the fifty-fourth session of the General Assembly. It is anticipated that the session will include the review and endorsement of a comprehensive report by the Secretary-General comprising an overall assessment of progress during the decade, including: lessons learned; an analysis of the main factors that have inhibited progress for children; an overview of the remaining challenges and key issues; and specific recommendations for the future. Thus, the special session will provide an opportunity for the adoption of a new international agenda and set of benchmarks for the international community to achieve by 2015, as well as national strategies on children's rights.

IV. Draft recommendation

58. The Executive Director *recommends* that the Executive Board adopt the following draft decision:

The Executive Board

1. *Notes* with satisfaction the overall progress being made in the implementation of the Declaration of the World Summit for Children and its contribution to the realization of children's rights;

2. *Recognizes* that extraordinary efforts are needed to accelerate progress towards the end-decade goals and, in this context, urges Governments to adopt appropriate strategies and to allocate to the maximum extent possible resources for action;

3. *Encourages* Governments to conduct periodic national and subnational reviews of progress in achieving the World Summit for Children goals, and in the broader context of the implementation of the Convention on the Rights of the Child;

4. *Requests* donor Governments to reverse the declining trend in ODA and to grant steeper debt relief with a view to increasing allocation of resources to ensure universal access to basic social services, especially to those countries in greatest need;

5. *Requests* the Executive Director to continue to advocate for and support efforts by national Governments and other relevant actors in civil society to achieve the end-decade goals, within the framework of national and subnational programmes of action;

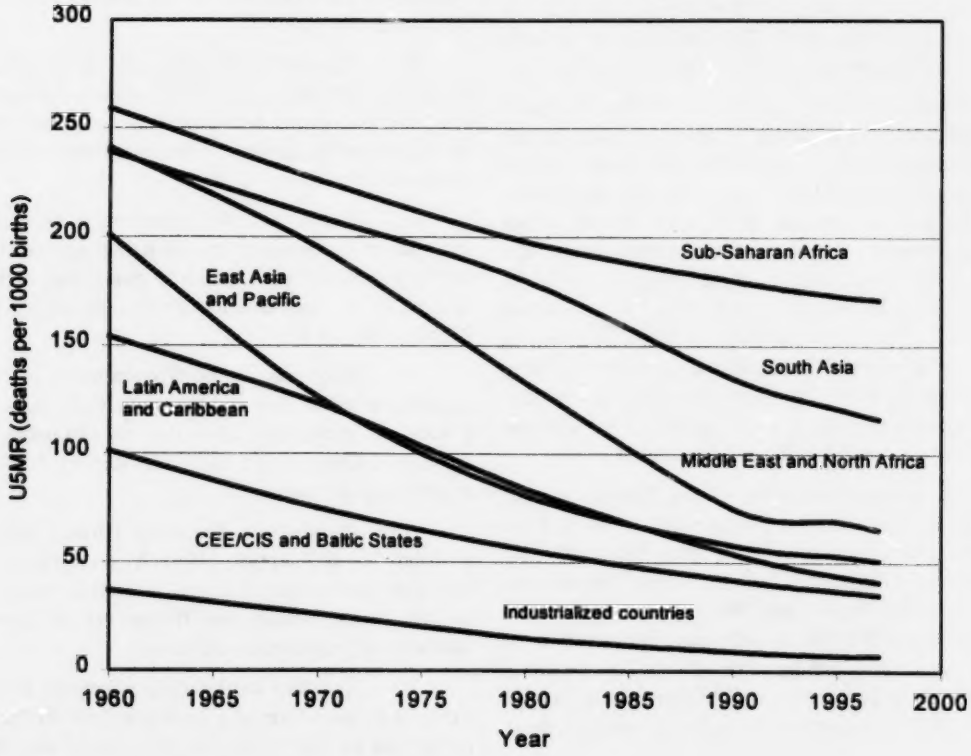
6. *Requests* the Executive Director to continue to work with Governments to strengthen further national capacities for the collection and use of data to monitor progress towards the end-decade goals;

7. *Requests* the Executive Director to support the Secretary-General in the preparation of the end-decade review in 2001, including an overall assessment of progress achieved and lessons learned during the decade, an analysis of the main factors that have inhibited progress, an overview of remaining challenges and issues, and specific recommendations for the future;

8. *Further requests* the Executive Director to report to the Executive Board on the implementation of the present decision at the 2000 annual session.

Figure I

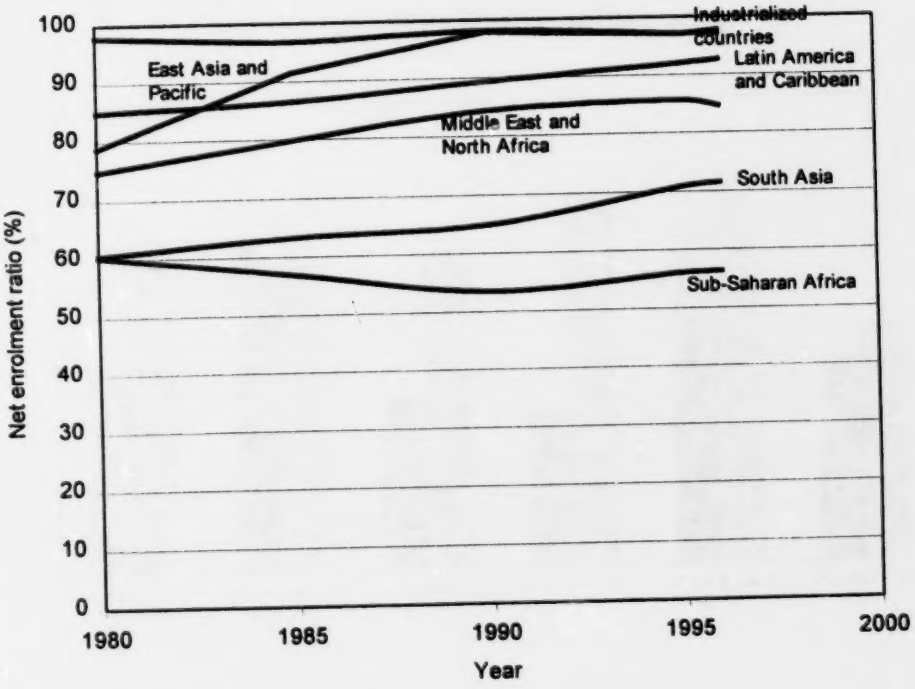
Under-five mortality rate by region



Source: UNICEF

Figure II

Net primary school enrolment ratio by region



Source: UNESCO and UNICEF

Figure III

Safe water and adequate sanitation coverage by region (1995-1997)